

## ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INVENTOR	ID NO.	DATE
FEES DETERMINATION	State	100	9/28/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	Jan	8/16/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 -+ ..... Restricted 0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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SEARCHED  
INDEXED  
MAILED APR 16 COPY

17